



I IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of: **Pratt and Ieni**

Application No: **10/824,593**

Group Art Unit: **1615**

Filed: **April 15, 2004**

Examiner: **Channavajjala, L.S.**

For: **Methods for Treating Substance Abuse with Cholinesterase Inhibitors**

Docket: 222919 (BNAG-004-U1US)

Commissioner of Patents
PO Box 1450
Alexandria, VA 22313-1450

Information Disclosure Statement

Pursuant to 37 CFR §§ 1.56, 1.97 and 1.98, Applicants bring to the attention of the Examiner the document listed on the attached PTO/SB/08A Form, a copy of which is attached hereto.

The submission of this Information Disclosure Statement does not represent that a search has been made and does not constitute an admission that the listed documents are material to patentability or that the listed documents are prior art.

This Information Disclosure Statement is being filed after the mailing date of a first office action on the merits, but before a Notice of Allowance or final Office Action on the merits. The Commissioner is authorized to charge the fee of \$180 to Deposit Account No. 22-0261. The Commissioner is authorized to charge any necessary fees or credit any overpayments to Deposit Account No. 22-0261.

Applicants respectfully request that the PTO return an initialed copy of the PTO/SB/08A Form with the next communication from the Office.

Respectfully submitted,

Date: February 12, 2008

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PTO/SB/17 (07-07)

Approved for use through 06/30/2010. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2008		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/824,593-Conf. #6645
TOTAL AMOUNT OF PAYMENT		Filing Date	April 15, 2004
(\$)		First Named Inventor	Raymond Pratt
180.00		Examiner Name	L. S. Channavajjala
		Art Unit	1615
		Attorney Docket No.	61368-222919

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: 22-0261		Deposit Account Name: Venable LLP	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input checked="" type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments		

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
Total Claims	Extra Claims	Fee (\$)
_____ - 20 = _____	x _____	= _____
HP = highest number of total claims paid for, if greater than 20.		
Indep. Claims	Extra Claims	Fee (\$)
_____ - 3 = _____	x _____	= _____
HP = highest number of independent claims paid for, if greater than 3.		

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ - 100 = _____	/50 = _____	(round up to a whole number) x _____	= _____	

4. OTHER FEE(S)

Non-English Specification

Other (e.g., late filing surcharge): 1806 Submission of Information Disclosure Statement 180.00

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	35,046
Name (Print/Type)	Thomas G. Wiseman	Telephone	(202) 344-4614
		Date	February 12, 2008

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